

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/58 2588

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1					
19						
20						
21						
22						
23						
24						
25	1					
26	1					
27						
28						
29	1					
30						
31						
32						
33						
34						
35	1					
36						
37	1					
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49						
50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	101	←		←		←
TOTAL CLAIMS	113					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
55						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						